

STATE OF NEBRASKA  
HHSS REGULATION AND LICENSURE  
CREDENTIALING DIVISION  
301 CENTENNIAL MALL SOUTH, PO BOX 94986  
LINCOLN, NE 68509-4986  
PH #: 402-471-0537  
FAX #: 402-471-1066

**AFFIDAVIT OF NAME CHANGE**

STATE OF \_\_\_\_\_)  
(state in which notary is located)

COUNTY OF \_\_\_\_\_)  
(county in which notary is located)

I, \_\_\_\_\_, swear:  
(new name of Nurse Aide/Medication Aide/Paid Dining Assistant)

1. That my registration was issued in the name of \_\_\_\_\_  
(previous name of aide)

that my date of birth is \_\_\_\_\_ and my Social Security Number is \_\_\_\_\_  
(date of birth) (SS # optional if Paid Dining Assistant)

2. That I wish the registration to be changed to the following name:

\_\_\_\_\_  
(new name of aide)

3. That the reason for the name change is \_\_\_\_\_  
(Marriage / Divorce / Legal Change of Name)

4. That I have enclosed documentation to support this request for name change. (Documentation can include a copy of one of the following: Marriage Certificate, Divorce Decree, Court Order of Legal Name Change, Driver's License, or Social Security Card)

5. That all the statements herein are true and correct.

\_\_\_\_\_  
Signature of Nurse Aide/Medication Aide/Paid Dining Assistant

\_\_\_\_\_  
Date

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

NOTARY SEAL/STAMP

Your new name will appear on the Registry website the next business day after the change is made. You may access the website at : [www.hhs.state.ne.us/crl/nursing/nursingindex.htm](http://www.hhs.state.ne.us/crl/nursing/nursingindex.htm). Click on "Nurse Aide", "Medication Aide" or "Paid Dining Assistant" and then "Accessing the Registry."